

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 APR 25 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000032810

1. Corporation Name DUCK TOURS SEAFARI, INC.

200005396492--8
-05/01/02--01009--026
***1500.00 ***1500.00

2. Principal Office Address 925 Seminary Street		3. Mailing Office Address 925 Seminary Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Key West, Florida		City & State Key West, Florida	
Zip 33040	Country USA	Zip 33040	Country USA

4. Date Incorporated or Qualified To Do Business in Florida	4/29/1994
5. FEI Number 650499676	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Margaret W. Tobin		
Street Address (P.O. Box Number is Not Acceptable) 507 Whitehead Street		
Suite, Apt. #, Etc.		
City Key West	State FL	Zip Code 33040

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Margaret W. Tobin Date 4/23/02
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	John F. Murphy	925 Seminary Street	Key West, FL 33040
ST	Noemi Murphy	925 Seminary Street	Key West, FL 33040

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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: John F. Murphy John F. Murphy 4/23/02 305 294-0441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (8/01)